Trillium Gift of Life Network

2015-2016 BUSINESS PLAN

Trillium Gift of Life Network
Réseau Trillium pour le don de vie

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Executive Summary

Trillium Gift of Life Network (TGLN) has had considerable accomplishments and is well recognized as a Canadian leader in donation and transplantation. Over the last five years, Ontario has sustained a 22% increase in deceased organ donation and has exceeded U.S benchmarks for organ donation performance: conversion rate, percent of donation after cardio-circulatory death (DCD) donors and organ yield per donor. Additionally, TGLN's donor registration system is world class and aligned with best practices of successful registries in the United States, and TGLN's expanded mandate in transplantation has led to standardized referral and listing criteria and provincial organ allocation.

To reduce preventable deaths on the transplant waiting list and shorten wait times for transplantation, TGLN needs to achieve a "step increase" in organ donation. To achieve a step increase in donation, TGLN intends to begin implementation of applicable practices from Spain, the world's leading jurisdiction in organ donation in 2014/15. These practices include implementation of hospital donation physicians, increased emphasis on physician education and broadening the scope of TGLN's public communications to build a strong donation culture in Ontario. **Lessons learned from Spain will continue to influence and shape TGLN's work in 2015/16 and are strongly reflected in this Business Plan through TGLN's strategies and associated budget request.**

TGLN's multi-year (2012-2015) strategic priorities: (i) **developing a sustainable end-to-end transplant system,** (ii) **increasing donation performance of Greater Toronto (GTA) hospitals** and (iii) **increasing registered donors in the inner GTA** also drive TGLN's strategies and continued focus on the GTA in 2015/16.

It is also important to highlight the **continued importance of TGLN's Information Management/ Information Technology (IM/IT) services**. IM/IT is an integral component of TGLN's 24/7 lifesaving operations and a key lever to drive innovation, improvement in patient outcomes and system performance and achieve efficiencies. This Business Plan includes a phased multi-year plan to enhance TGLN's IM/IT capacity to better meet the organization and broader donation and transplantation system needs.

Similar to previous years, TGLN has proposed four overarching goals, composed of program and enabling goals as follows. Program goals are in direct support of achieving TGLN's mission, mandate and three-year strategic priorities; and enabling goals have a cross-functional impact and support realization of the program goals.

2015/16 GOALS

(1) Program Goals:

- **Support transplantation through effective oversight and collaboration with stakeholders.**
- **Maximize organ and tissue donation for transplantation in partnership with stakeholders.**
- **Build a strong organ and tissue donation culture in Ontario.**

(2) Enabling Goal:

- **Deliver high quality and efficient services through innovative practices in process improvement, information management/information technology and talent management.**

To achieve these goals, 7 objectives have been identified and similar to the goals, objectives are grouped as either program or enabling objectives:

2015/16 OBJECTIVES

(1) Program Objectives:

- **Develop clinical best practices along the transplant patient continuum that enables high quality care and achieve 100% reporting on patient outcomes by each organ group.**
- **Achieve 54-56% conversion rate for all hospitals with Level III intensive care units, 261-270 organ donors and 3.63 organ yield/donor.**
- **Achieve 40% consent rate, 2150 to 2450 ocular donors and 315-330 multi-tissue donations.**
- **Enhance shared responsibility for donation and inspire over 233,000 Ontarians to register their consent to donate.**

(2) Enabling Objectives:

- **Enhance and sustain the quality management system that supports continuous quality improvement and meeting of quality standards.**
- **Enhance IM/IT to drive innovation, improvement and efficiency at TGLN and in the broader donation and transplantation system.**
- **Attract, engage, develop and retain talented staff.**

Strategies and supporting high level actions plans to achieve these objectives along with associated resource requests are delineated in this Business Plan.

Additionally, it should be noted that in June 2014, TGLN provided the MOHLTC with a report for the redesign of the tissue system in Ontario "Tissue Banking in the Province of Ontario: Review and Analysis" by G.J.C. Consulting. This report provided recommendations and a multi-year work plan for meeting those recommendations. In this Business Plan TGLN has asked for the resources that it requires to implement the first year recommendations that fall within its current areas of responsibility. Recommendations that require a change to our current role and approval by the MOHLTC have not been included (e.g. assuming full responsibility for tissue recovery in the province). Should the MOHLTC wish TGLN to implement all recommendations, additional funding will be required.

Business Plan at a Glance

STRATEGIC PRIORITIES

Develop a sustainable end-to-end transplant system. **Increase donation performance of GTA hospitals.** **Increase registered donors in the inner GTA.**

GOALS	ANNUAL OBJECTIVES AND STRATEGIES			
	Develop clinical best practices along the transplant patient continuum that enables high quality care and achieve 100% reporting on patient outcomes by each organ group.	**Achieve 54-56% conversion rate for all hospitals with Level III intensive care units, 261-270 organ donors and 3.63 organ yield/donor.**	**Achieve 40% consent rate, 2150 - 2450 ocular donors and 315-330 multi-tissue donations.**	**Enhance shared responsibility for donation and inspire over 233,000 Ontarians to register their consent to donate.**
SUPPORT TRANSPLANTATION THROUGH EFFECTIVE OVERSIGHT AND COLLABORATION WITH STAKEHOLDERS.	Develop and implement standardized best practices to improve patient care along the continuum. Examine the transplant funding methodology to determine health care costs.	Improve hospital routine notification performance and capitalize on opportunities for donation.	Maximize hospital referrals and consents through increased connection with families and clarity of key hospital roles.	Enhance media relations to generate quality earned media opportunities.
MAXIMIZE ORGAN AND TISSUE DONATION FOR TRANSPLANTATION IN PARTNERSHIP WITH STAKEHOLDERS.	Develop a Transplant Community of Practice to enhance system integration.	Improve performance of GTA hospitals through enhanced consent practices and health care professional engagement in leading practices.	Enhance recovery capabilities and build recovery systems for out-of-hospital deaths.	Encourage culture change by enhancing grassroots advocacy, partnerships and community participation.
	Develop an education plan to support transplant centers, patients and families along the continuum.	Enhance engagement of physicians in donation through forums and initiatives that support a community of practice.	Enhance tissue system performance through development of more robust performance reporting and leadership.	Evolve marketing to better target the "undecided".
	Initiate a system performance monitoring and evaluation plan aimed at improving quality in transplant services in Ontario.	Develop a comprehensive education framework for physician education.		Maximize registration opportunities via partnership and collaboration with ServiceOntario.
BUILD A STRONG ORGAN AND TISSUE DONATION CULTURE IN ONTARIO.	Partner with transplant stakeholders to identify the requirements for a system-wide outreach model that ensures patients are supported.	Collaborate with external stakeholders to promote systemic improvements.		Enhance TGLN corporate communications to encourage culture change and support fulfillment of TGLN's mandate.
	Enhance technology and infrastructure to support system monitoring and seamless coordination of care.	Maximize organ yield through effective medical management of donors and review of organ disposition data.		
	Develop a cornea transplant system that is sustainable, equitable and provides quality care.			
DELIVER HIGH QUALITY & EFFICIENT SERVICES THROUGH INNOVATIVE PRACTICES IN PROCESS IMPROVEMENT, INFORMATION MANAGEMENT/ INFORMATION TECHNOLOGY AND TALENT MANAGEMENT.	**Enhance and sustain the quality management system that supports continuous quality improvement and meeting of quality standards.**	**Enhance IM/IT to drive innovation, improvement and efficiency at TGLN and in the broader donation and transplantation system.**		**Attract, engage, develop and retain talented staff.**
	Build the foundation that defines TGLN's clinical donation and recovery system.	Centralize and integrate intake of user/stakeholder requests/issues and provide seamless service and solutions.		Strengthen recruiting and on-boarding processes.
	Increase the audit function to identify gaps and strengthen processes.	Establish an end-to-end IM/IT project management and governance.		Enhance performance management and career development.
	Deliver process improvement in targeted areas that offer opportunity to achieve greater efficiencies.	Initiate multi-year migration of TOTAL into a modern operating platform.		Further develop reward and recognition programs.
	Quality system automation.	Continue enhancement of TOTAL and redesign of data warehouse to facilitate reporting of donation and transplant metrics.		

Mandate, Mission & Vision

Mandate:

1. Plan, promote, coordinate and support activities relating to the donation of tissue for transplant and activities related to education or research in connection with the donation of tissue.
2. Coordinate and support the work of designated facilities in connection with the donation and transplant of tissue.
3. Manage the procurement, distribution and delivery of tissue.
4. Establish and manage waiting lists for the transplant of tissue and for establishing and managing a system to fairly allocate tissue that is available.
5. Make reasonable efforts to ensure that patients and their substitutes have appropriate information and opportunities to consider whether to consent to the donation of tissue and to facilitate the provision of that information.
6. Provide education to the public and to the health-care community about matters relating to the donation and use of tissue and, facilitate the provision of such education by others.
7. Collect, analyze and publish information relating to the donation and use of tissue.
8. Advise the Minister on matters relating to the donation of tissue.
9. To do such other things as the Ministry may direct.

Mission:

Saving and enhancing more lives through the gift of organ and tissue donation and transplantation in Ontario.

Vision:

To be a world-class leader that enhances and saves lives through organ and tissue donation for transplantation.

Overview of Programs & Activities

TGLN's programs and services work together to meet TGLN's mandate and mission to save more lives by increasing organ and tissue donations and transplantations. Key program areas include:

- **Provincial Resource Centre**
  24/7 Donation and Transplant Service to the Province

The Provincial Resource Centre (PRC) is responsible for intake of organ and tissue donation referrals and facilitates donation 24/7. The PRC provides real-time case management, including: supporting health care professionals; obtaining consent for tissue donation; facilitating donor testing and screening; coordinating essential logistics; and offering organs and tissue to transplant programs and tissue banks respectively by telephone. In addition, Surgical Recovery Coordinators and Tissue Recovery Coordinators assist in the recovery of organs and enucleation of eyes respectively. The PRC operation is highly dependent on TGLN creating and sustaining customized databases, automated allocation algorithms, and real-time telecommunications that enable the time-limited and fragile end-to-end processes from donation to transplant.

- **Hospital Programs**
  Maximizing Donors in Ontario

Hospital Programs works with the province's 56 hospitals with Level III critical care units to identify the opportunity for organ and tissue donation as a routine part of end-of-life care, implement organ and tissue donation best practices and continuously drive performance improvement to maximize organ and tissue donations. Furthermore, Organ and Tissue Donation Coordinators (OTDC) provide on-site support during donation cases.

- **Communications**
  Raising Registration, Building a Culture of Donation in Ontario

TGLN's communications and public awareness efforts are broad but with a clear call to action: *to encourage Ontarians to register their consent to donate organs and tissue to save and enhance lives of Ontarians waiting for transplantation.* TGLN's multi-faceted approach to communications and public awareness includes social media, advertising, earned media, public relations and community relations. To build a culture of donation in Ontario and promote organ and tissue donor registration, TGLN works with a diverse range of partners and stakeholders including government, volunteers, health care professionals, multi-faith leaders, youth, schools and universities, corporate and not-for-profit organizations.

- **Transplantation**
  Standardizing Practice, Equalizing Access and Measuring Outcomes

TGLN's expanded focus includes an integrated organ and tissue donation and transplantation system in Ontario. TGLN has commenced development and implementation of a provincial transplant system that provides equitable access through standardized processes and provincial waitlists, development of performance outcome measures and improved pre-transplant, surgical and post-transplant practice. The execution of these initiatives is dependent on TGLN having sufficient IM/IT resources to undertake continual and timely data collection, validation, analysis and reporting.

- **Information Management/Information Talent (IM/IT)**
  TGLN's Enabler of Time-Sensitive Mission Critical Operations

The IM/IT group has three units including: Application Development, Informatics and Network Services. Application Development maintains and supports TGLN's custom application databases including the TOTAL Information System and iTransplant (iTx), a donor management system, as well the interface between them. TOTAL and iTransplant provide functionality to support and manage organ and tissue

donation cases from referral to transplantation. Informatics supports quality and integrity of data in TGLN databases and is responsible for data extraction, analysis and production of reports to enable decision making and public reporting. Network Services also provides services and support for non-proprietary applications to facilitate day-to-day operations, including most importantly the 24/7 mission critical information and telecommunication services required for around-the-clock PRC operations. This includes around the clock support for TOTAL and iTx, ensuring seamless service delivery for the processes related to allocation and donor management

- **Education & Professional Practice**
  Promulgating and Evaluating Best Practice in Donation

Education and Professional Practice is accountable for developing, coordinating, implementing and evaluating targeted education programs for health care professionals and TGLN employees involved in organ and tissue donation across the province, ensuring clinical practice is compliant with accepted best practices and established standards.

- **Quality & Performance Improvement**
  Continuous Improvement and Regulatory Compliance

The Quality and Performance Improvement program is focused on enhancing and improving services to continually meet the needs of internal and external stakeholders. Quality and Performance Improvement rigorously monitors TGLN's compliance to Health Canada's *Safety of Human Cells, Tissues and Organs for Transplantation Regulations* and other applicable standards and utilizes proven quality methodologies and tools to identify opportunities for improvement.

- **Finance, Human Resources & Administration**
  Financial Transactions, HR Management and Government Directive Compliance

The Finance, Human Resources (HR) & Administration department is responsible for administration of payroll and benefits; management of expenditures and disbursements and banking matters; management of facilities and insurance; handling of charitable donations; financial planning, and budgeting and reporting. These activities include continuous monitoring against all existing and new Government Directives, HR activities include aligning HR strategy to support organizational priorities and performance excellence through recruitment, orientation and on-boarding, performance management, training, HR information and metrics, and compensation. HR also develops and promulgates policies, procedures, tools and guidelines that support staff and management, and the daily operations of the organization.

Furthermore, the Finance, HR & Administration department administers the Program for Reimbursing Expenses of Living Organ Donors (PRELOD) and the Transplant Patient Expense Reimbursement Program (TPER) on behalf of the Ministry of Health and Long-Term Care.

Environmental Scan

❖ Adoption of Applicable Practices from Spain

In March 2014, provincial physician leaders in organ donation made a trip to Madrid, Spain to study the Spanish model of organ donation and better understand how Spain has been successful in achieving the highest donation rates in the world. Based on learnings from the donation program in Spain, key recommendations were made to enhance donation performance and build a culture of donation in Ontario. Recommendations included: (i) Optimization of the Culture of Donation; (ii) Improving Consent Practices; (iii) Physician Education & Engagement and (iv) Enhancement of the Hospital Donation Physician Role. Based on learnings from Spain, various strategies and high level action plans have been identified to support these recommendations. TGLN's strategies in 2015/16 will be greatly influenced by the learnings from Spain and the key recommendations brought forward.

❖ Canadian Blood Services (CBS)

In collaboration with CBS, TGLN has implemented and operationalized the Highly Sensitized Patient (HSP) registry and National Organ Waitlist (NOW). The HSP registry was launched in 2014/15. The work involved with national organ-sharing is highly complex and on-going work will be necessary to maintain, and support the Canadian Transplant Registry (CTR), including NOW, HSP and Living Donor Paired Exchange (LDPE). TGLN anticipates that there will be continued collaboration and work with CBS to refine CTR and the web interfaces with provincial Organ Procurement Organizations (OPO) information systems, as well as monitor and manage impacts and implications of sharing kidneys nationally for highly sensitized patients.

❖ Public Reporting on System Performance

In 2013/14, TGLN commenced public reporting of organ and tissue donation and transplantation indicators, including identification of indicators to track, monitor and analyze the performance of both TGLN and its partners in the donation-transplantation continuum. TGLN expects that public reporting will increase transparency, accountability and compliance by TGLN's partners in the health care continuum. TGLN is optimistic that public reporting will positively contribute to successful implementation of strategies with its hospital and transplant program partners to improve provincial organ and tissue donation and transplantation performance.

❖ Interfaces to Support Electronic Data Exchange

TGLN will explore opportunities and implement where appropriate interfaces between TGLN's information system and information systems of other partners such as HLA labs and e-Health for the Ontario Laboratory Information System to reduce manual data entry, thereby achieving efficiencies and improved data quality. Additionally, TGLN is exploring the feasibility of interfacing iTransplant with partner hospitals as part of routine notification. This will require support of partner organizations and potentially resources to support the building of interfaces.

❖ Tissue Report

At the request of the Ministry of Health and Long-Term Care (MOHLTC), TGLN was asked to develop a plan for a comprehensive tissue donation and transplant system for the province of Ontario that maximizes tissue donation. TGLN has engaged with consultants to develop a report and identify recommendations for system improvement. TGLN obtained a final report, *Tissue Banking in the Province of Ontario: Review and Analysis (A Report Commissioned by Trillium Gift of Life Network),* in the summer of 2014 and shared the findings and recommendations with the Ministry. This report will impact TGLN's strategic direction in development of a functional and cohesive, provincial tissue system. This Business Plan reflects the first year recommendations that fall within TGLN's current areas of responsibility. Further recommendations that

require a change to TGLN's role, and additional multi-year work identified in the report are not included in this Business Plan.

❖ **An Action Plan for Health Care – Palliative / End-of-Life Care**

TGLN's initiatives planned for 2015/16 align with the government's commitment to improve quality of end-of-life care for Ontarians, as described in the 2014 Ontario budget. TGLN will continue its work with health care professionals and other partners to include organ and tissue donation as a standard part of end-of-life-care planning.

Strategic Direction & High Level Implementation Plan

Trillium Gift of Life Network (TGLN) has had considerable accomplishments and is well recognized as a Canadian leader in donation and transplantation. Over the last five years, Ontario has sustained a 22% increase in deceased organ donation and has exceeded U.S benchmarks for organ donation performance: conversion rate, percent of donation after cardio-circulatory (DCD) donors and organ yield per donor. Additionally, TGLN's donor registration system is world class and aligned with best practices of successful registries in the U.S., and TGLN's expanded mandate in transplantation has led to standardized referral and listing criteria and provincial organ allocation.

To reduce preventable deaths on the transplant waiting list and shorten wait times for transplantation, TGLN needs to achieve a "step increase" in organ donation. To achieve a step increase in donation, TGLN intends to begin implementation of applicable practices from Spain, the world's leading jurisdiction in organ donation in 2014/15. These practices include implementation of hospital donation physicians, increased emphasis on physician education and broadening the scope of TGLN's public communications to build a strong donation culture in Ontario. **Lessons learned from Spain will continue to influence and shape TGLN's work in 2015/16 and are strongly reflected in TGLN's strategies.**

TGLN's multi-year (2012-2015) strategic priorities: (i) **developing a sustainable end-to-end transplant system,** (ii) **increasing donation performance of Greater Toronto (GTA) hospitals** and (iii) **increasing registered donors in the inner GTA** also drive TGLN's strategies and continued focus on the GTA in 2015/16.

Similar to previous years, TGLN has proposed four overarching goals, composed of program and enabling goals as follows. Program goals are in direct support of achieving TGLN's mission, mandate and three-year strategic priorities; and enabling goals have a cross-functional impact and support realization of the program goals.

2015/16 GOALS

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(2) Enabling Goal:

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To achieve these goals, 7 objectives have been identified and similar to the goals, objectives are grouped as either program or enabling objectives:

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- **Enhance shared responsibility for donation and inspire over 233,000 Ontarians to register their consent to donate.**

(2) Enabling Objectives:

- **Enhance and sustain the quality management system that supports continuous quality improvement and meeting of quality standards.**
- **Enhance IM/IT to drive innovation, improvement and efficiency at TGLN and in the broader donation and transplantation system.**
- **Attract, engage, develop and retain talented staff.**

Goals, objectives and strategies are illustrated in the *Business Plan at a Glance* (see page 13) and further detailed in this Business Plan.

STRATEGIC PRIORITIES			
Develop a sustainable end-to-end transplant system.	**Increase donation performance of GTA hospitals.**		**Increase registered donors in the inner GTA.**
GOALS	**ANNUAL OBJECTIVES AND STRATEGIES**		
SUPPORT TRANSPLANTATION THROUGH EFFECTIVE OVERSIGHT AND COLLABORATION WITH STAKEHOLDERS.	**Develop clinical best practices along the transplant patient continuum that enables high quality care and achieve 100% reporting on patient outcomes by each organ group.**	**Achieve 54-56% conversion rate for all hospitals with Level III intensive care units, 261-270 organ donors and 3.63 organ yield/donor.**	**Achieve 40% consent rate, 2150 - 2450 ocular donors and 315-330 multi-tissue donations.**	**Enhance shared responsibility for donation and inspire over 233,000 Ontarians to register their consent to donate.**
	Develop and implement standardized best practices to improve patient care along the continuum.	Improve hospital routine notification performance and capitalize on opportunities for donation.	Maximize hospital referrals and consents through increased connection with families and clarity of key hospital roles.	Enhance media relations to generate quality earned media opportunities.
	Examine the transplant funding methodology to determine health care costs.			
	Develop a Transplant Community of Practice to enhance system integration.	Improve performance of GTA hospitals through enhanced consent practices and health care professional engagement in leading practices.	Enhance recovery capabilities and build recovery systems for out-of-hospital deaths.	Encourage culture change by enhancing grassroots advocacy, partnerships and community participation.
MAXIMIZE ORGAN AND TISSUE DONATION FOR TRANSPLANTATION IN PARTNERSHIP WITH STAKEHOLDERS.	Develop an education plan to support transplant centers, patients and families along the continuum.	Enhance engagement of physicians in donation through forums and initiatives that support a community of practice.	Enhance tissue system performance through development of more robust performance reporting and leadership.	Evolve marketing to better target the "undecided".
	Initiate a system performance monitoring and evaluation plan aimed at improving quality in transplant services in Ontario.	Develop a comprehensive education framework for physician education.		Maximize registration opportunities via partnership and collaboration with ServiceOntario.
BUILD A STRONG ORGAN AND TISSUE DONATION CULTURE IN ONTARIO.	Partner with transplant stakeholders to identify the requirements for a system-wide outreach model that ensures patients are supported.	Collaborate with external stakeholders to promote systemic improvements.		Enhance TGLN corporate communications to encourage culture change and support fulfillment of TGLN's mandate.
	Enhance technology and infrastructure to support system monitoring and seamless coordination of care.	Maximize organ yield through effective medical management of donors and review of organ disposition data.		
	Develop a cornea transplant system that is sustainable, equitable and provides quality care.			
DELIVER HIGH QUALITY & EFFICIENT SERVICES THROUGH INNOVATIVE PRACTICES IN PROCESS IMPROVEMENT, INFORMATION MANAGEMENT/ INFORMATION TECHNOLOGY AND TALENT MANAGEMENT.	Enhance and put in the quality management system that supports continuous quality improvement and meeting of quality standards.	Enhance IM/IT to drive innovation, improvement and efficiency at TGLN and in the donation and transplantation system.	Attract, engage, develop and retain talented staff.
	Build the foundation that defines TGLN's clinical donation and recovery system.	Centralize and integrate intake of user/stakeholder requests/issues and provide seamless service and solutions.	Strengthen recruiting and on-boarding processes.
	Increase the audit function to identify gaps and strengthen processes.	Establish an end-to-end IM/IT project management and governance.	Enhance performance management and career development.
	Deliver process improvement in targeted areas that offer opportunity to achieve greater efficiencies.	Initiate multi-year migration of TOTAL into a modern operating platform.	Further develop reward and recognition programs.
	Quality system automation.	Continue enhancement of TOTAL and redesign of data warehouse to facilitate reporting of donation and transplant metrics.	

OBJECTIVE 1, RELATED STRATEGIES AND ACTION PLANS

Develop clinical best practices along the transplant patient continuum that enables high quality care and achieve 100% reporting on patient outcomes by each organ group.

Priorities for the coming fiscal year reflect TGLN's commitment to developing and sustaining an integrated transplantation system in Ontario. In 2015/16, TGLN will continue implementing transplant initiatives to ensure that the transplant system is transparent and accountable in its policies, programs and activities. Additionally, TGLN will build on its role in system planning while expanding its focus on evidence-based initiatives such as development of clinical pathways to enhance the quality of care of transplant patients as they transition through the patient continuum. TGLN will focus on system integration by developing formalized networks to enhance education and awareness across the system. Furthermore, TGLN will work with the transplant hospitals to improve the transplant patient experience by enhancing education and peer-to-peer support along the patient continuum. A summary of the 2015/16 strategies to achieve higher quality care and patient outcomes is outlined below.

1.1 In partnership with the Organ Specific Working Groups, develop and implement standardized best practices to improve patient care along the continuum.

TGLN is currently working with transplant experts from across Ontario through the Provincial Organ Working Groups to identify the needs of the transplant system and establish best practice clinical pathways. These pathways or 'care bundles' are standardized, evidence-based care management plans. Implementation of the identified transplant clinical pathways will reduce the variation in clinical practice and improve patient outcomes along the care continuum. The kidney and pancreas clinical pathways will be developed in 2014/15; and will be subsequently implemented in 2015/16. Expanding on this initiative, TGLN will require consulting services to support the development of the remaining clinical care pathways. The following priorities are planned 2015/16:

- In collaboration with transplant centers, implement the identified clinical pathways for kidney and pancreas transplant patients.
- Develop clinical pathways for liver/small bowel, and heart/ lung transplant patients
- Develop an implementation plan for each clinical pathway and identify hospital resources required to implement the bundle along the patient care continuum.

Similarly, the Canadian Society of Transplantation (CST) and the Canadian National Transplant Research Program (CNTRP) have developed a framework to provide guidance to transplant centres for utilization of "increased risk donors (IRDs)" in Canada. Accordingly, in 2014/15 TGLN is developing a tool kit and education strategy for transplant centres to optimize organ utilization practices that would result in an increase in the number of transplants. TGLN will release the best practice toolkit in 2015/16 to support the implementation of the framework.

1.2 Examine the transplant funding methodology to determine the health care costs along the patient care continuum.

Transplantation is a complex procedure involving many different services contributing to pre-transplant, transplant, and post-transplant care. Understanding the costs associated with each bundle of services is important to facilitating system planning decision making. TGLN has been working with transplant stakeholders to outline the clinical pathways and treatment bundles for each organ. In 2015/16, TGLN will identify the costing associated with each bundle of services along the care continuum to support an examination of the current transplant funding model for Ontario.

1.3 Develop a Transplant Community of Practice to enhance system integration across the patient care continuum.

As best practices continue to become embedded in organizational processes, TGLN will focus on partnering with transplant centres and key organizations in establishing knowledge sharing opportunities through local and regional networks. Through these networks and partnerships, TGLN will be better able to reach the public and healthcare professionals involved in the transplant care. TGLN will utilize the new Regional Clinical Lead roles to establish links between TGLN and transplant centres to enable knowledge transfer of policies and processes. Additionally, TGLN will host 3 regional transplant network meetings for multidisciplinary transplant stakeholders to support education and knowledge transfer amongst practitioners.

1.4 Develop an education plan to support transplant centres, patients, and families along the continuum.

TGLN has plans in place to ensure that patients have adequate educational resources so they are able to make informed decisions about their treatment options. This will be accomplished by collaborating with partner organizations, such as the Liver Foundation of Canada, Ontario Renal Network and Cardiac Care Network to identify the education needs for transplant patients and their families. TGLN will work with the transplant programs to develop an implementation plan for local peer-to-peer support networks for patients and families. These networks will enable patients to share their experiences and help patients cope with the transplant process. TGLN will also develop and implement web-based education tools through the TGLN website including transplant information videos for patients and families. These videos will be organ specific and will enable patients to increase their knowledge regarding the transplant experience and processes. The TGLN website will also be enhanced to provide public access to transplant wait listing and allocation policy documents.

1.5 Initiate a system performance monitoring and evaluation plan aimed at improving quality in transplant services in Ontario.

TGLN has been working collaboratively with the Transplant Steering Committee, Provincial Organ Working Groups, and TGLN's IM/IT to develop a standardized performance measurement and monitoring plan for transplant programs and reporting patient outcomes. In 2015/16, utilizing existing data sources from TGLN and the MOHLTC, TGLN will begin reporting patient and program outcomes to transplant programs, MOHLTC, and other relevant stakeholders. Reporting will help clinicians better understand the patients' clinical pathway along the continuum.

Furthermore, TGLN has recently implemented a new kidney and liver allocation system. In the coming fiscal year, these process changes will continue to be evaluated to ensure that the standardized allocation system is successful and leads to equitable access for all patients. Accordingly, TGLN will require an additional Project Analyst to support the performance reporting and quality improvement plans.

TGLN will work collaboratively to begin reporting to key stakeholders on system performance and patient outcomes. In 2015/16, utilizing existing data sources from TGLN and the MOHLTC, TGLN will begin reporting patient and program outcomes to help clinicians better understand the patients' clinical pathway along the continuum.

Furthermore, TGLN has recently implemented a new kidney and liver allocation system. In 2015/16, these process changes will continue to be evaluated to ensure that the standardized allocation system is successful and leads to equitable access for all patients. Accordingly, TGLN will require an additional Project Analyst to support the performance reporting and quality improvement plans.

Activities to move these initiatives forward include:

- Enhance the audit system to monitor the validity and reliability of performance measures and patient information submitted by transplant hospitals.

- Develop data sharing agreements with the MOHLTC and Canadian Institute for Health Information (CIHI) to obtain data from the administrative databases, to support detailed analysis on transplant recipient including type of patient procedures, hospital admissions, readmissions, hospital length of stay and mortality to enable detailed reporting of patient cohorts and outcomes.
- Continue with quarterly evaluations of the new kidney and liver allocation system.
- Develop an evaluation plan for the heart and lung allocation system.
- Develop a transplant data quality framework to ensure accurate and timely data reporting.
- Develop an education plan for TOTAL end-user to support knowledge and data quality.

1.6 Partner with transplant stakeholders to identify the requirements for a system-wide outreach model that will ensure patients are supported along the care continuum.

As transplant is a limited resource across Ontario, at times patients find themselves receiving care away from their local community and family. A transplant outreach model will support the patient along their journey including access to pre-transplant and post-transplant care in their communities. In 2014/15, TGLN is working with the transplant community to identify the key principles and challenges and define the ideal transplant system outreach model(s). Accordingly, in the coming fiscal year TGLN will work with the transplant community to gather requirements and develop a plan for successful implementation. Priorities to achieve this goal include:

- Identify the requirements and resources needed to implement the outreach model for each organ group in consultation with the Provincial Working groups.
- Conduct a broader consultation with key stakeholder groups utilizing a series of collaborative meetings to gather feedback and address challenges related to the outreach model.
- Develop and submit a business case outlining the requirement for a provincial outreach model including the model requirements, implementation, education and communication plans.

1.7 Enhance technology and infrastructure to support system monitoring and seamless coordination of care along the patient care continuum.

Transplant performance monitoring and quality management requires a robust information technology infrastructure to enable reliable, timely and secure access to information, data, systems and applications. High quality data is vital for the analysis and publication of transplant indicators and reports. TGLN has been working to enhance TOTAL with new indicators, allocation algorithm changes and additional reporting capabilities. In the coming fiscal year, enhancements to TOTAL will continue to be developed to ensure that the appropriate narrative is represented along the patient continuum. The role of enhancing technology will be expanded to include user education and support since technological developments are advantageous insofar as they are being utilized appropriately. Additionally, TGLN will enhance data quality practices by establishing a Transplant data quality framework. This framework will provide an approach to applying consistent processes and ensures that TGLN data achieves and maintains a high-level of quality and meets the needs of the data users. The following priorities are planned:

- Develop a transplant data quality framework to ensure accurate and timely data reporting.
- Develop a TOTAL training and education resource manual for transplant centres and stakeholders.
- Develop an education and implementation plan for TOTAL enhancements to support end-user knowledge and data quality.

1.8 Develop a cornea transplant system that is sustainable, equitable and provides quality care for patients.

In late 2013/14, TGLN launched the corneal transplant strategy to address high wait times and system inefficiencies. TGLN has been working with the Eye Bank of Canada (EBC) and the corneal transplant programs to identify the requirements for implementing pre-cut tissue to surgeons as an eye banking standard of service. This initiative will maximize corneal tissue use, avoid duplication of resources, ensure quality and increase surgical productivity. In 2015/16, TGLN will work with the EBC to ensure the processes,

infrastructure, and monitoring mechanisms are in place to roll-out pre-cut tissue provincially. Additionally, TGLN, in collaboration with the Corneal Transplant Working Group and Cancer Care Ontario (CCO), will identify the information needs of clinicians and system administrators and develop tools to support decision making along the care continuum. Finally, TGLN will work with key stakeholders to lead the development of a new reimbursement model for cornea transplantation. TGLN will define a quality funding model that will outline the treatment bundles for pre- transplant, transplant and post-transplant care and will collaborate with the Ministry and transplant community to align reimbursement models (e.g. QBP) for cornea transplant procedures. Additionally, TGLN will:

- Work with system partners to develop performance reporting for cornea transplantation.
- Improve automation and information sharing capabilities with TGLN, the EBC and cornea transplant programs.

To support these initiatives, TGLN will require resources to hire a Consultant.

OBJECTIVE 2, RELATED STRATEGIES AND ACTION PLANS

Achieve 54-56% conversion rate for all hospitals with Level III intensive care units, 261-270 organ donors and 3.63 organ yield/donor.

Targets set for 2015/16 reflect the overarching mission of TGLN to save and enhance lives across the province of Ontario. In 2015/16, TGLN will continue to build synergy with system partners towards the fulfillment of its mission. Accordingly, TGLN will look to continue to build physician engagement and education opportunities and enhance the physician model, specifically with regard to expansion of the hospital donation physician role. TGLN will also continue to expand routine notification to hospitals with Level II intensive care units (ICUs) in order to build opportunity for donation, while continuing to focus on the Greater Toronto Area (GTA). Improvements will be sought with regard to medical management of donors in order to increase organ yield. A summary of 2015/16 strategies to achieve the targeted conversion rate, organ donors and organ yield is provided.

2.1. Improve hospital routine notification performance and capitalize on opportunities for donation.

As all hospitals with Level III intensive care units (ICUs) currently report potential referrals to TGLN, hospitals with Level II ICUs present an additional opportunity. In 2014/15, TGLN engaged 16 of the 32 hospitals with Level II ICUs and in 2015/16 TGLN will designate the remaining Level II hospitals assuming they can be reclassified for organ and tissue donation under the *Trillium Gift of Life Network Act*. While donation potential in these remaining hospitals is low and many may not be able to manage an organ donor, they are still in a position to identify potential donors and arrange their transfer to hospitals with Level III intensive care capability.

Additionally, DCD continues to account for a significant number of Ontario donors, and TGLN continues to work with hospitals to successfully facilitate referral and donation for such donors. At this point, however, there are still hospitals that have not had a DCD donor, and as such lack the experience and expertise associated with DCD. Accordingly, in 2015/16, TGLN will develop plans for the 17 hospitals with Level III ICUs that have not yet attempted a DCD donor. Each plan will be tailored to the hospital based on the DCD potential and identified barriers to DCD donation.

The CritiCall referral system was launched in the latter half of 2013/14, in a further attempt to maximize opportunities for donation. In 2014/15, TGLN carried out an evaluation of CritiCall referrals to ensure that the system's potential was being fully utilized. TGLN will continue to review CritiCall data to identify missed opportunities and to revise the referral process as necessary in order to capture remaining potential donors. In addition, TGLN will determine whether it is feasible to partner with a hospital or provincial system to build an electronic interface with TGLN's iTransplant donor management system for automation of referrals in

real time. Currently, nurses must phone referrals into TGLN. The long-term goal will be to create a system that would allow information on patients who meet the clinical triggers for referral to be uploaded directly to the iTransplant donor management system in real time so that TGLN can be assured that all potential organ donors are being referred in a timely manner and bedside staff are relieved of the requirement to call TGLN.

Approaching families for consent in a culturally sensitive way at the right time is critical to having families feel comfortable to provide consent for donation. To ensure that TGLN's training and development of staff reflects leading practice, TGLN will focus on developing and distributing consent leading practice guidelines among internal and external stakeholders. In order to do so, TGLN will consult with OPOs to examine emerging leading practices. Knowledge transfer mechanisms will then be utilized to relay this information among internal and external stakeholders thus ensuring TGLN and health care professionals are in alignment on how best to collaborate in approaching a family for donation.

In a further effort to convert referrals to opportunities for donation, TGLN will advocate to have missed approaches form part of hospital critical care scorecards, to monitor internal practice and ensure that TGLN referral and approach have occurred. In order to further ensure that this practice is in place, TGLN will leverage the iTransplant donor management system to develop immediate feedback mechanisms (i.e. alerts) to hospital leads and other key stakeholders when a missed approach occurs. Concurrently, enhancement of iTransplant reports will be made to provide greater feedback to hospitals on performance indicators. The goal of this will be to promote improved performance. Finally, TGLN will work with Hospital Donation Physicians (HDPs) to incorporate them into the health record review process so that the HDPs are familiar with the process and better understand the results ensuring better accountability for hospital performance.

2.2. Improve performance of GTA hospitals through enhanced consent practices and health care professionals' engagement in leading practices.

In 2015/16, TGLN will continue to work towards an increase in the overall performance in the GTA. Some of the key initiatives that will support the continued improvement in GTA hospitals will include:

- Adapting requester and consent delivery practices based on an analysis of cultural consent data, as conducted in 2014/15;
- Expanding the dedicated requestor model based on anticipated success of the 2014/15 pilot;
- Increasing consent rate by improving efficiency of onsite support (i.e. have the right person in the right place, at the right time);
- Assessing feasibility of GTA east/west call teams to improve onsite response time;
- Implementing a GTA model of one nurse champion per in-patient unit to support leading practices and enhance the donation program; and
- Enhancement of the HDP role in GTA hospitals with greater than 10 potential donors to ensure adequate dedicated time to support the donation program.

2.3. Enhance engagement of physicians in donation through initiatives and forums that support a community of practice.

While TGLN has had success in increasing donation rates, donation performance by hospitals throughout the province has not been consistent. The adoption of effective deceased organ and tissue donation practices and integration of donation into quality end-of-life care, consistently across Ontario hospitals, is thus critical as part of broader efforts to address missed opportunities for donation. With regard to the consistent adoption of donation practices and its integration into end-of-life care, TGLN previously identified shortcomings arising from Ontario's existing donation physician model roles. Specifically, prior to 2014/15, roles within Ontario's donation physician model were external to the hospital. As a result, there was a clear opportunity for an enhanced model which would take advantage of dedicated physicians who would champion the donation process in each hospital. In 2014/15, TGLN sought to address these shortcomings and in the process, enhance Ontario's donation physician model through the addition of Regional Medical Leads (RMLs) (on-boarded in 2013/14) and the development of a new hospital donation physician (HDP)

role. While the role of HDP is still new to Ontario, there is recognition that the success of this role is tied in part to the amount of time a physician has to commit to the hospital's donation program. To support the HDPs, TGLN will enhance the role in 16 hospitals (i.e. those hospitals where donor potential is greater than 10) from half a day to a full day per week, and will remunerate accordingly.

In order to leverage the knowledge and lessons learned by physicians across the province, TGLN will host forums and otherwise create opportunities for intensivists and emergency department physicians to come together with the donation physicians in the province to learn and discuss leading practices in donation. Opportunities that TGLN will utilize include but are not limited to:

- Each RML holding a bi-annual event for the HDPs and others in their region to provide education and discuss how to improve donation performance;
- Implementation of a peer to peer consultation process (i.e. HDP to HDP) to enhance hospital performance by transferring knowledge from high performing hospitals to low performing hospitals;
- Implementation of a medical advisory committee to provide a forum for identifying and addressing system level needs;
- Continued work with the Canadian Critical Care Forum in advancing donation practice in Ontario; and
- Building support for the establishment of a consensus forum with special interest groups who influence end of life, and redefine what is in the best interest of the patient at end of life, with the view to ensuring donation is part of this consideration.

2.4. Develop a comprehensive education framework for physician education.

In order to reach and educate physicians involved in the donation process, ongoing physician education will be a key pillar of Ontario's Donation Physician Model.

TGLN learned in Spain that all physicians involved in donation had access to a wide variety of education courses and programs to advance their knowledge of donation. For Ontario this means looking at how all physicians who work in an intensive care unit and emergency department are trained in both the academic setting and in practice. Accordingly, in 2015/16, TGLN will engage subject matter experts and consultants to develop a cohesive donation education program, based on a standardized curriculum, for HDPs and Critical Care Fellows to implement throughout the province. In addition to understanding donation best practices, TGLN will look to establish the infrastructure and knowledge base to implement mandatory training for a value positive approach to families, end-of-life counseling, communication, and crucial conversations for all intensive care physicians and residents, to help ensure an effective collaborative approach to families. Further, it has been deemed necessary to look into an approach to training that is not limited to in-person sessions. Accordingly, TGLN will also engage an expert in communications technology in order to develop a plan for knowledge transfer capabilities, including but not limited to online learning modules.

2.5. Collaborate with external stakeholders to promote systemic improvements.

TGLN recognizes the importance of understanding how health care professionals (HCP) experience the donation process and constantly improving its relationship with hospital stakeholders. Currently, case feedback is provided to management staff within a hospital. In order to improve upon such feedback gathering, TGLN is seeking to build a feedback mechanism that would be employed after each donation case occurs by developing and implementing a post-donation activity HCP survey. It is expected that this will improve upon TGLN's understanding of stakeholder expectations and TGLN's services. Doing so will also allow TGLN to follow up on reported concerns right away, and address issues immediately. Finally, TGLN will enhance the system by recognizing the best performing hospitals as key examples of what is happening in an institution that makes it a role model. This may include acknowledging exceptional hospital performance through awards and other similar vehicles.

In order to further ensure that HCPs automatically consider donation at end-of-life, TGLN will conduct a review of electronic order sets offered by vendors, and will promote the inclusion of referral to TGLN at end-of-life. Doing so will help to integrate donation into quality end-of-life care, and ensure that donation becomes an automatic consideration.

Additionally, in 2014/15, TGLN reviewed the *Trillium Gift of Life Network Act* (TGLN Act), to assess areas in which the TGLN Act does not support the current donation environment. An example being that DCD was not a standard of practice when the TGLN Act was legislated. In 2015/16, TGLN will consult with the appropriate parties to recommend amendments to the TGLN Act to better support donation, as deemed necessary.

2.6. Maximize organ yield through effective medical management of donors and review of organ disposition data.

While TGLN has clinical guidelines in place to support optimal management of organ donors, adherence to such guidelines has not yet been evaluated. Accordingly, TGLN has partnered with Transplant Connect, the iTransplant donor management system vendor, and other OPOs across Canada and internationally to create a standard set of goals which can be used to evaluate how well donors are managed. Specifically, TGLN will report cases where donor management goals are not met via the iTransplant donor management system in order to improve donor management, with the end goal of increasing organ yield and utilization. TGLN will then analyze results and develop a strategy to disseminate information within TGLN and to hospital stakeholders.

In a further effort to explore opportunities to increase organ acceptance, TGLN will report and analyze organ disposition data from TOTAL and the iTransplant donor management system, including organ interest call outcomes to TGLN's Transplant Support Physicians and transplant programs. Currently, this process is done manually and there are no standardized methods for collecting the rationale for declining an organ. The goal will be to standardize and automate this process so that TGLN can monitor and report outcomes to transplant programs, towards the goal of increasing organ acceptance. Finally, in 2015/16, TGLN will support clinical trials in liver and pancreas ex-vivo perfusion to increase utilization of livers and pancreas islets in DCD donation. Outcomes will then be measured in terms of patient survival rate and other relevant factors.

OBJECTIVE 3, RELATED STRATEGIES AND ACTION PLANS

Achieve 40% consent rate, 2150 -2450 ocular donors and 315-330 multi-tissue donations.

TGLN's targets identified for tissue donation reflect a planned increase in the number of referrals and consents through increased connection with families and clarity of key hospital roles. In 2015/16, TGLN will begin to implement recommendations for the provision of a robust provincial system for tissue donation, tissue recovery, banking and transplantation, in alignment with the recommendations in the report tabled with the Ministry of Health and Long Term Care (*Tissue Banking in the Province of Ontario: Review and Analysis*, GJC Consulting Group, 2014). TGLN will target system partners, where lost donation opportunities are occurring, including coroners and forensic pathologists. Additionally, TGLN will leverage the iTransplant donor management system to enhance understanding of progress and opportunities for improvement.

It should be noted that the strategies and actions delineated, and corresponding resources requested to support this objective do not include all recommendations and multi-year work from the Tissue Plan submitted to the Ministry.

3.1. Maximize hospital referrals and consents through increased connection with families and clarity of key hospital roles.

As part of efforts to maximize hospital referrals, TGLN will be piloting a process to approach families overnight to obtain consent. Doing so would reduce the number of "time-outs", which happens when too much time has elapsed between death and recovery rendering the tissue unsuitable for recovery. Currently, TGLN does not call families between 11pm and 8am, leading to the loss of potential donors, due to timeouts occurring during this period.

TGLN will also work with hospitals to improve the connection between TGLN staff and potential donor families while at the hospital. TGLN requires HCPs to call in a patient's death within one hour. This timeline allows for timely referral but also the opportunity to connect with the families before they leave the hospital. While this process is taught to HCPs, it is not consistently followed. This practice will be reinforced through education and performance metrics provided to hospitals so that they understand the importance of TGLN connecting with the family while still present in the hospital.

Additionally, in 2015/16 TGLN will be focusing on enhancing partnerships with the funeral services industry. Specifically, TGLN will look to host a restorative full-day workshop for funeral services professionals, as well as develop a leading practice document to expand support and a shared sense of responsibility for organ and tissue donation.

Finally, TGLN will also retain an infectious diseases specialist (IDS) to assist with case consultation for the purpose of reducing the number of cases that are declined due to medical suitability. At the moment, 60% of cases are deemed medically unsuitable. The IDS would thus help TCs with the screening process and be available to consult with tissue banks on a 24/7 basis for the purpose of helping to provide more accurate medical screening.

3.2. Enhance recovery capabilities and build recovery systems for out-of-hospital deaths.

Several initiatives are being undertaken to enhance recovery capacities and capabilities which will allow for the capitalization on opportunities for donation.

In 2013/14, TGLN initiated a process to assess and make recommendations for the provision of a robust provincial system for tissue donation, banking and transplantation. Subsequently, in 2013/14, a group of consultants was engaged to perform an assessment of the Ontario tissue and transplantation system. This work led to recommendations for the re-design of key components of the tissue system. In particular, it was recommended that an increase in transplantable ocular tissue could be achieved through the implementation of a corneal excision technique as the preferred tissue recovery procedure for eye donations. The corneal excision technique (in-situ) allows the cornea to be placed in corneal preservation media much earlier than the process of whole globe enucleation. Further, preservation in a specially designed solution maintains optimal tissue viability. The majority of eye banks outside of Ontario have already incorporated the corneal excision technique for the recovery of eye tissue as a standard practice

TGLN will also work with the Ontario Firefighter's Skin Bank to reassess the practice of refrigerating skin donors for 4 hours prior to skin recovery, as this is not a documented leading practice. Ceasing the continuation of this practice will minimize the time-out of certain skin donations. In addition, currently skin is recovered from only the posterior side of the patient, whereas the majority of skin donor programs recover skin from both the anterior and posterior areas of the donor. The current practice results in a lower yield (approximately 0.10 square meter, whereas skin recovery should average about 0.30 square meters per donor).

TGLN will continue to target system partners where lost tissue donation opportunities are occurring, in order to ensure that tissue potential in the province of Ontario is maximized. In 2014/15, TGLN will work with provincial coroners and forensic pathologists to identify potential tissue donors in the home setting and coroner's office, where TGLN can approach for consent and recover tissue in a timely manner. With this

new partnership there will be ongoing work to identify potential donors, connect with families in a timely manner and ensure there are sufficient recovery suites available for recovery with out-of-hospital deaths that are non-coroner cases. At this time, the recovery suites are all located in Toronto making recovery of donors from outside the GTA difficult without extensive transfers. Accordingly, TGLN will look to expand the use of the tissue recovery suite at the Office of the Chief Coroner to include non-coroners' cases additionally looking to opportunities for recovery outside of the GTA.

3.3. Enhance tissue system performance through the development of more robust performance reporting and leadership.

In 2015/16, TGLN will maximize the capabilities of the iTransplant donor management system for robust reporting on tissue system performance for the purposes of understanding progress and opportunities for improvement.

TGLN will also establish a Tissue Steering Committee to help provide direction and ensure efficiency and effectiveness of the tissue system. In particular, this committee would provide oversight and coordination of tissue donation and recovery practices for all tissue banks in Ontario. A key focus of the committee will be to analyze the efficiency of resource use and system outcomes.

OBJECTIVE 4, RELATED STRATEGIES AND ACTION PLANS

Enhance shared responsibility for donation and inspire over 233,000 Ontarians to register their consent to donate.

TGLN has developed a comprehensive communication plan which describes TGLN's strategic direction to enhance shared responsibility for donation and inspire over 233,000 Ontarians to register their consent to donate. TGLN has outlined its strategies and high level activities to achieve this objective in the *Integrated Marketing Communication Plan* (see page 34).

OBJECTIVE 5, RELATED STRATEGIES AND ACTION PLANS

Enhance and sustain the Quality Management System that supports continuous quality improvement and meeting of quality standards.

TGLN continues to invest in its quality system for the purposes of sustaining its focus on continual quality improvement. TGLN recognizes that further development and refinement of its quality system is on-going and that quality systems need to be implemented across the entire organization in order to achieve the benefits and efficiencies that are possible for improved program delivery.

TGLN's quality management system is comprised of two main components: compliance to quality standards, and continuous improvement. The strategies and action plans for 2015/16 delineate the on-going building of the quality foundation and the improvement of targeted TGLN processes. TGLN will maintain its compliance to Health Canada's *Safety of Human Cells, Tissues and Organs for Transplantation Regulations* through on-going monitoring, while seeking ways to drive on-going improvement and efficiencies in its service and program delivery.

Strategies and high level actions for 2015/16 are highlighted below.

5.1 Build the foundation that defines TGLN's clinical-donation and recovery system.

TGLN will continue the development and enhancement of process documentation to meet clinical and quality system framework needs. The quality department will work with the tissue program in support of new practices expected through the recommendations made for tissue system redesign and will continue its focus on the development of quality procedures, clinical process instructions and operations process instructions reflecting changing and evolving practice.

5.2 Increase the audit function to identify gaps and strengthen processes.

Annually, the quality department conducts an organization-wide internal audit of its donation processes, as well as external audits at each of its organ recovery groups and laboratories. In 2014/15, the quality department will be initiating an audit of wait-listed patients at transplant programs, and in 2015/16, the quality department will be increasing its Transplant Program audit mandate by auditing the charts of transplanted patients. In addition, audits will also be conducted of the Organ and Tissue Donation Coordinator role. Through these functional audits, potential process gaps may be identified which will need to be resolved to further strengthen donation and transplant processes.

Additionally, the Quality Department will be investigating the requirements for American Association of Tissue Banks and Eye Bank Association of America (EBAA) certification and the manner of maintaining compliance to the standards. These levels of certification have been recommended for TGLN's current and proposed roles in ocular and multi-tissue recovery.

5.3 Deliver process improvement in targeted areas that offer opportunity to achieve greater efficiencies.

In the current environment of needing to do greater work with the same or fewer resources, TGLN continues to identify opportunities to make its program delivery more efficient and effective. For 2015/16, focus sessions will be conducted to identify and prioritize the potential opportunity areas for greater efficiencies. Based on these sessions, the quality team will work on targeted improvement projects.

5.4 Quality system automation.

To assist in the management of controlled documents, an automated document management system has been proposed. This document management system was initiated in 2014/15, with development and approval of a design specification; and plans are underway to complete the development and implementation of this system in 2015/16. This document management system represents the first building block in the automation of TGLN's quality system.

OBJECTIVE 6, RELATED STRATEGIES AND ACTION PLANS

Enhance IM/IT to drive innovation, improvement and efficiency at TGLN and in the broader donation and transplantation system.

Information Management/Information Technology (IM/IT) is an integral component of TGLN's 24/7 life-saving operations and a key lever to drive innovation, improve patient outcomes and system performance and achieve efficiencies. Specific examples of strategic initiatives where IM/IT has been integral to successful launch and completion include:

- Implementation of recommendations from the Report of the Office of the Auditor General of Ontario (OAGO) on Organ and Tissue Donation and Transplantation to support provincial allocation of kidney and liver, and improve equitable access to organ transplantation.
- Implementation of a web interface between TGLN's transplant and allocation information system (TOTAL) and Canadian Blood Services' Canadian Transplant Registry (CTR) that enables

seamless automated transfer of data between databases. Thereby avoiding duplicate data entry and facilitating streamlined operations in a very time sensitive and complex operation to support national sharing of organs for high status patients waiting for transplant (national organ waitlist) and national allocation of kidneys for highly sensitized patients (through the national highly sensitized patient registry).

- Public reporting of donation performance, transplant patient outcomes and donor registration related metrics to drive improvement and enhance accountability.

In spring 2014, the Ministry requested TGLN to develop a phased multi-year plan to build IM/IT capacity to meet TGLN and the broader organ and tissue donation and transplantation system priorities. In response to this request, TGLN updated its 2014/15 incremental budget for IM/IT by reducing its earlier request in the submitted 2014/15 Business Plan and focusing on critical investments in the short-term. TGLN is optimistic that this funding request will be approved as part of its 2014/15 allocation to be confirmed by the Ministry. As part of the 2015/16 Business Plan, TGLN is requesting an additional investment to support continued enhancement of staff capacity in IM/IT over the next two fiscal years (2015/16 and 2016/17) and launch of a multi-year initiative (over 2.5 years, starting in 2015/16) to migrate TOTAL, from Oracle Forms, an out-of-date and unsupported operating platform, to a new and more robust .NET platform which will make enhancement and maintenance of TOTAL easier and more efficient.

Key strategies have been identified in order to achieve the IM/IT objective for 2015/16 as follows:

6.1 Centralize and integrate intake of user/stakeholder requests/issues and provide seamless service and solutions.

The current Information Systems "Front Line" Client Support Model is fragmented where TGLN staff and external users of TGLN's information and technology services submit technical requests and/or issues into several different technical support channels; such as Help Desk/Network Services, Application Support, and Informatics. The New Support Service Model proposed for implementation in 2015/16 includes a completely Centralized Multi-Leveled IM/IT Client Support Model to address all technical requests, issues and questions; where all information received will be captured and triaged as required to the appropriate 2nd and 3rd Level Support Teams.

The three levels of support are as follows:

1. **Level 1 Support** – Client-focused team that acts as the first point of contact and readily comprehends details of issue/request and is able to triage requests to appropriate level 2 teams and complete requests such as creating a new user account and swiftly providing answers to system-related questions ranging from hardware to software (e.g., "My computer isn't turning on," and/or "I can't log on to TOTAL").
2. **Level 2 Support** – This level consists of the subject matter experts (SMEs) in Application Development, Informatics and Network Services. The issue/request sent from level 1 support will be assigned to the specific team SMEs to ensure that appropriate actions are taken to resolve the issue or deliver a solution as per the request.
3. **Level 3 Support** – This level consists of vendor support services such as Microsoft, Transplant Connect, IBM etc. Level 2 SMEs will contact these vendors to assist in addressing issues that TGLN's internal team is not equipped to resolve.

To meet the demand for on-site support resulting from increased level of organ and tissue donation and transplant case activity in the Provincial Resource Center, the Level 1 Support - "Service Desk" will provide a total of 18 hours of extended on-site support per day compared to 8 hours currently provided. This will ensure that the PRC staff will have better and prompt response to address any equipment and/or access issues that may prevent them from performing case management work.

To begin implementing this support model in 2015/16 and completing this in 2016/17, IM/IT will need to hire 2 FTEs for the role of Helpdesk Technicians, the first new FTE to be added in 2015/16 and the second in

2016/17. These 2 new FTEs combined with the existing 1 FTE Helpdesk Technician will form a 3 FTE team for the Level 1 Support – Service Desk. The Service Desk staff will be trained to handle a defined set of application issues such as password reset, application usage and functional questions. IM/IT will establish Service Level Agreements (SLAs), Tiered Support Protocols and supporting documentation to standardize client support services through the new centralized IM/IT Client Support Model.

6.2 Establish end-to-end IM/IT project management and governance.

Currently, IM/IT project management and governance is *ad hoc* and piecemeal, and does not always include the relevant parties of interest, which may lead to sub-optimal outcomes and inefficiency. To optimize the current management of organization-wide projects and initiatives, TGLN will establish a virtual project management office (PMO) and implement a project management methodology that will effectively and efficiently engage TGLN's Senior Leadership and management team to actively collaborate and make decisions that will determine the timeline, scope and implementation strategy to be leveraged when delivering technology solutions to align with corporate initiatives. This approach will include the establishment of specific subcommittees where both TGLN business/technical staff and, where appropriate, external users can participate based on interest and relevance to delivery of projects.

Specific actions include:

- Establish IM/IT Project Management Organization level oversight and governance to align with TGLN enterprise-wide priorities, projects and initiatives

- Create four specific sub-committees as follows:

  (1) ***Enterprise Architecture Sub-committee***: To oversee all new projects to determine implementation strategy into existing Enterprise Architecture.
  (2) ***Data Governance Sub-committee***: To oversee policy, standards and strategy related to: data quality, privacy/compliance/security, architecture/integration, data warehousing and business intelligence, management alignment.
  (3) ***Service Delivery Sub-committee***: To oversee SLAs, protocols, monitoring and compliance for all TGLN Support Systems.
  (4) ***Enterprise Integration Sub-committee***: To oversee new, existing or change to existing Interfaces with external organizations and systems will be discussed such as CBS, HistoTrac, OLIS, and Hospital EHRs.

To begin to implement an end-to-end IM/IT project management methodology at TGLN, 1 FTE IM/IT Project Manager is requested to manage all IM/IT Projects. This staff would also be a corporate resource to drive use of project management methodology in other non-IM/IT projects carried out by TGLN.

6.3 Initiate multi-year migration of TOTAL into a modern operating platform.

At present, TGLN's Transplant and Allocation Information System, TOTAL, is operating within an out-of-date and effectively unsupported version of the Oracle Forms software. The primary objective of the migration is to bring TOTAL into a supported software platform. A critical failure in this software application presents high risk in continuing to support TGLN's 24/7 donation and transplantation system operations through TOTAL. The key benefits of migrating TOTAL to a modern operating platform are two-fold:

(1) Effective risk mitigation to contain impacts to critical system failures; and
(2) Efficiency savings through implementation of modern software platform expediting future enhancements to TOTAL, reducing backlog of projects and overall project schedules, resource time spent on projects and overall cost per project. New business initiatives that drive changes or enhancements to TOTAL are limited by dated Oracle Forms software functionality.

TGLN will begin a multi-year migration project, based on an approved business case, to move TOTAL into a modern development platform, .NET that enables reduced delivery timelines of enhancements to TOTAL,

and facilitates architecture upgrades ensuring all TGLN supported systems are cradled in a single, supported and robust architecture. This will also help establish an intuitive user interface streamlining data capture and reporting facilities and reduce overall support provisions to maintain an outdated and resource-intensive application platform. Based on an approved business case, contract staff, separate from the team supporting TOTAL, will be recruited to complete the migration project over a 2.5-year period staring 2015/16 and ending 2017/18.

6.4 Continue enhancement of TOTAL and redesign of data warehouse to facilitate reporting of donation and transplant metrics.

There are three key actions in support of this strategy.

(1) Continue enhancement of TOTAL.

TOTAL will continue to be enhanced with additional capabilities to facilitate reporting and monitoring of transplant outcomes, as well as meet changing needs of the donation and transplantation system. These enhancements will be in direct support of TGLN's strategic priorities, goals and objectives, including potential data exchange interfaces with external systems such as OLIS and HistoTrac, bi-directional data exchange with iTransplant, improvements to organ allocation algorithms and new data capturing screens to support transplant outcome reporting.

To attain reasonable project delivery timelines based on Net New Scope to deliver in 2015/16 1 FTE Programmer and 1 FTE Software Tester are requested.

(2) *Fully implement the new data warehouse to include all approved business indicators to support the reporting needs for donations and transplantation and donor registration.*

The redesign of TGLN's data warehouse that began in 2014/15 fiscal year will continue to include a complete list of all approved performance indicators for donation transplantation. This will help reduce effort required to develop new standard reports and facilitate faster turnaround time on ad-hoc data requests. Existing standard reports will be migrated to use the redesigned data warehouse to ensure consistency of reported data and statistics across all reports. Also, the data warehouse will give TGLN the ability to adopt Predictive Analysis, Exploratory Data Analysis (EDA), Confirmatory Data Analysis (CDA) and Data Visualization Tools to provide valuable information when reviewing candidate algorithmic enhancements to assess impact of proposed changes. This is expected to help validate a hypothesis of patient impact when specific enhancements are requested prior to formal approval and initiation of development (e.g., "Will allocating younger donor organs to younger recipients have a negative impact on older patients on the wait list?").

To facilitate the ongoing data warehouse and standard report development to meet the business needs, TGLN is requesting an addition of 1 FTE Informatics Business Analyst in 2016/17. To sustain the support of the expanding public reporting requirements for both donation and transplantation, TGLN will also need 1 FTE Public Reporting Coordinator in 2016/17.

(3) *Adopt Microsoft SharePoint as a standard platform for delivering additional IM/IT business solutions at TGLN.*

TGLN plans to build IM/IT staff technical expertise to align with new and emerging industry standard technologies and those specific technologies selected for adoption by TGLN. The adoption of a corporate SharePoint Solution platform will necessitate in-house SharePoint Technical Experts with direct exposure to the TGLN custom SharePoint Project(s) and Environments (Development, Quality Assurance, User Acceptance Testing and Production) to best align support provisions for the custom designed system and provide ongoing maintenance. To achieve this objective, TGLN is requesting an additional 1 FTE SharePoint Support to provide direct administration and system maintenance support and 1 FTE for Database Administrator in 2015/16. This Database Administrator will also provide coverage and share the

administration workload of TGLN's much expanded database environments with our existing 1 FTE Database Administrator.

TGLN will also be formalizing all IM/IT standards, policies and procedures with provisions to ensure compliance for technical assets such as hardware and licensing with complete alignment to all Ministry Technology Standards and Guidelines.

OBJECTIVE 7, RELATED STRATEGIES AND ACTION PLANS

Attract, engage, develop and retain talented staff

Given its niche role in the health care sector, TGLN relies heavily on the deep expertise of its professional staff. However, jobs requiring deep skill levels have become increasingly challenging to fill and involve a lengthy recruitment process. Also, turnover among clinical staff with deep levels of knowledge can considerably compromise TGLN's productivity.

In 2015/16, TGLN will continue to focus on attracting, engaging, developing and retaining talented staff through multi-facet strategies as identified below.

7.1 Strengthen recruiting and on-boarding processes.

In order to strengthen TGLN's recruitment process, TGLN will focus on enhancing effectiveness, efficiency, timeliness and quality of its recruitment creating a positive experience for candidates and new hires.

The first step in improving the recruitment process is ensuring that job descriptions, job postings and job evaluations are updated, clearly identifying responsibilities and qualifications for every position. This will strengthen the screening process and reduce the time in identifying qualified applicants.

In 2015/16 TGLN will make plans to strengthen the orientation process and build an effective on-boarding process.

TGLN will also strive to improve the competitiveness of its compensation. In addition to having a competitive compensation structure, TGLN plans to use non-monetary measures to both attract and retain talent.

7.2 Enhance performance management and career development.

TGLN plans to implement further improvements to the online performance management tool created in 2012/13 by continuing to automate and develop new features to ensure regular feedback for all employees. TGLN will also focus on training managers to improve the quality, consistency and timeliness of performance reviews as well as ensure that all employees have clear and specific objectives that align with departmental and organization-wide objectives.

TGLN will better manage its talent through career development, succession planning and training. This will improve staff engagement and provide opportunities for job enhancement/ enrichment and position employees for internal advancements. Processes to identify top talent and talent potential through performance reviews and management feedback will be facilitated and top performers will be assessed against future staff positions to further develop and/or promote staff. When it is appropriate, coaching/mentorship or professional development opportunities will be provided to facilitate succession planning and career development. The goal will be to plan careers and ensure that those individuals with potential can visualize a clear career path at TGLN.

TGLN will continue to update and develop HR policies, processes and practices to meet applicable legislation, best practices and the organization's evolving needs. There will be a continual focus on

streamlining and improving processes. This will include automating timesheets to facilitate analysis and tracking of hours, overtime, vacation time and sick days.

7.3 Further develop reward and recognition programs.

In 2015/16, TGLN will develop creative reward and recognition programs to visibly recognize and cultivate top performance. Working within budget and organizational constraints, TGLN will implement a wide variety of non-monetary tactics to encourage a philosophy to promote both team performance and individual performance.

Risk Assessment & Management

TGLN conducts an annual risk assessment to identify potential risks that may impact its ability to realize its objectives, strategies and high-level activities. TGLN's risk assessment process is completed using the Agency and Appointments Directive risk assessment template and risks are identified and assessed in accordance with the Ontario Public Service (OPS) risk categories, as delineated below:

Broad Risk Category	Detailed Risk Category	Definition
Strategic	Strategic/Policy/Performance Risk	Risks related to implementing new policies or changes to existing policies. The risk that strategies and policies fail to achieve required/targeted results. The risk of not providing value for money or cost-effectiveness.
	Political Commitment Risk/Stakeholder and Public Perception Risk	The risk of not meeting publicly announced commitments made to meet/further the government's objectives. This could include platform and mandate letter commitments.
Accountability/ Compliance	Governance/Accountability/Organizational Risk	The risk that organization's structure, accountabilities, or responsibilities are not defined, designed, communicated or implemented to meet the organization's objectives and/or that culture and management commitments do not support the formal structure.
	Legal/Contractual Compliance Risk	Risks related to potential cost of complying with a legal or contractual agreement, or of litigation against government. The risk that a government initiative or action will contravene a statue, regulation, contract, MOU or policy.
	Controllership/Accounting Risk	Risks related to the reliability of reporting or a change in accounting.
Operational	Program Caseload/Utilization Risk	The risk of a change in demand for services or entitlements or increased claims/caseload that cannot be deferred. This assumes no policy or legislative changes.
	Service/Operational Risk	The risk that products or services will not get completed or delivered to quality standards or in a timely manner as expected, for reasons not related to caseload. This includes business continuity risk.
Workforce	Ontario Public Service Workforce Compensation Pensions Risk	Risks related to OPS binding wage settlements, existing contracts or minimum negotiation mandate.
	OPS Workforce/Skill Shortage Risk	Risks related to skill shortage; specialized staff skills not available
	Broader Pubic Sector (BPS) Compensation	Risks related to binding BPS wage settlements, BPS anticipated negotiations
	Broader Workforce Risk	Risks related to not having staff available to complete tasks

I.T. and Infrastructure	Information & Information Technology Risk	The risk that information produced or used (e.g. performance data) is incomplete, out-of-date, inaccurate, irrelevant or inappropriate to disclose. The risk that information or other technology does not support business requirements, and/or does not support availability, access, integrity, relevance and security of data. This includes business continuity risk.
	Capital Project Delays	Risks relating to changes in construction costs and/or project delays. Risk related to new projects.
Other	Other Risks	Risks that do not fit in any of the above categories.

Human Resources

TGLN has identified an objective and corresponding strategies related to Human Resources (See Objective 7). Additionally, an organizational chart and staff numbers have been included to reflect how TGLN is structured and where additional staff is required to achieve the objectives identified for the coming fiscal year. (See pages 42 and 43).

Information Technology/Electronic Delivery

As highlighted in this Business Plan, IM/IT services are critically important to successful achievement of TGLN's goals and objectives. IM/IT is an integral component of TGLN's 24/7 life saving operations and a key lever to drive innovation, improvement in patient outcomes and system performance and achieve efficiencies. This Business Plan includes a phased multi-year plan to enhance TGLN's IM/IT capacity to better meet the organization and broader donation and transplantation system needs and begin migration of TOTAL, based on an approved business case, to a modern development platform.

Strategies related to IM/IT are described in detail under Objective 6.

Initiatives Involving Third Parties

Collaboration and partnership between TGLN and stakeholders within the organ and tissue donation and transplantation community and the Ontario government is essential to successfully achieve TGLN's objectives. TGLN has identified the following third parties where partnership is integral to implementing the strategies and actions set out in the 2015/16 Business Plan.

1. Steering Committees – TGLN has various committees in place, including: Donation Steering Committee, Transplant Steering Committee and Organ Specific Working Groups. Membership of these committees includes representation from donation hospitals (physicians, nursing and administration), transplant programs, etc. These committees are important influencers of TGLN's work and ensure strong relations between TGLN and its key stakeholders.

2. Transplant Programs – TGLN continues its work to develop a comprehensive provincial transplant system. TGLN will work closely with provincial transplant programs to ensure that their needs are met through the TGLN's initiatives.

3. Hospital Donation Physicians - TGLN has implemented a Hospital Donation Physician role. These physicians at designated hospitals have clear hospital responsibilities, but in this capacity are accountable to TGLN for physician donation practices. Hospital Donation Physicians are responsible for ensuring an effective donation program is established at their practicing hospital and perform their role in-hospital. This will allow for best practice to be adopted via knowledge transfer. This unique role will ensure hospital buy-in to TGLN mandated organ donation practices.

4. Canadian Blood Services – As outlined in the *Environmental Scan* (See page 9) and in support of key initiatives, TGLN will work with CBS on organ and tissue donation and transplantation issues that are national in scope. TGLN will continue to work collaboratively with CBS and other provincial Organ Donation Organizations in support of the Canadian Transplant Registry.

5. ServiceOntario – ServiceOntario is a key partner for TGLN to increase organ and tissue donor registrations. A significant portion of the donor registration process is outside of TGLN's direct control and is managed by ServiceOntario. TGLN works collaboratively with ServiceOntario and the Ministry of Health and Long-Term Care to optimize donor registration opportunities and maximize uptake of donor registration through all three registration channels: in-person, online and mail.

6. Other Key Partners – In addition to the aforementioned, as identified in the Business Plan, other stakeholders that are integral to TGLN's initiatives include: Critical Care Society (CCS), Critical Care Services Ontario (CCSO) and the Ontario Medical Association (OMA) among other stakeholders and organizations.

Communications Plan
Integrated Marketing Communications Strategy 2015/16

OBJECTIVE

Business: Strategic Focus and Priority

TGLN's public awareness and communications efforts in 2015/16 will intensify work initiated in 2014/15, continuing with and significantly expanding beyond registration-focused tactics to address a broader goal: *Building a strong organ and tissue donation (OTD) culture in Ontario*. This direction is consistent with TGLN's implementation of applicable practices (such as hospital donation physicians) from Spain, the world's leading jurisdiction in organ donation, in Ontario to achieve a step increase in organ donation by maximizing conversion of potential organ donors. In 2015/16, TGLN will focus on enhancing shared responsibility for donation and inspiring over 233,000 Ontarians to register their consent to donate organs and tissue.

In accordance with TGLN's multi-year strategic priority (2012 – 2015) related to its public awareness mandate, *significantly increase registered donors in the "inner Greater Toronto Area"*, TGLN will also continue with its geographic focus on the GTA to further boost registrations.

With TGLN's broadened focus and aggressive targets, strengthening relationships with media, developing new partnerships and effectively engaging and communicating with all stakeholders is critical. As such, TGLN will bolster its capacity in media relations and stakeholder engagement to build a culture of donation in Ontario, including a tangible call to action for the public to register, that will lead to increased "conversion" and yield more donors.

CONTEXT

General Background

- At March 31, 2014, 2.9 million or 25% of eligible Ontarians were registered organ and tissue donors. Registered donors increased by 232,636 or 9% in 2013/14.
- There are currently over 1,500 people across the province waiting for an organ transplant.
- Registration contributes to saving lives by positively influencing consent rates. A significant barrier to conversion of potential organ donors is lack of family consent to organ donation. Donor registration is a key influencer to obtain family consent for organ donation and increase conversion rate.
- More families and/or next-of-kin consent to organ donation with evidence of their loved one's registered consent. Without this evidence, consent drops dramatically. In 2013/14, 88% of families whose loved ones were registered consented to organ donation compared to 55% of families whose loved ones were not registered.

Registration

With the introduction of online donor registration, Ontario has three ways to register:

1. **In-person**: During health card related transactions at ServiceOntario (SO). Donor registration forms and brochures are also included in health card renewal and conversion notices, and in 2012/13 the donor registration "ask" was expanded to driver's license renewals and Ontario photo identification (ID) card applications. In 2015/16, additional opportunities will be available through anticipated mandatory red and white health card conversion.

2. **By mail**: Donor registration forms and a prepaid return envelope are included in driver's license carriers.

3. **Online**: Through advertising, social media, earned media and community advocacy activities, TGLN drives registration via the beadonor.ca website. Both the beadonor.ca website and SO's online donor registry are optimized for mobile devices. Through these channels, Ontarians can register, check and change their registration status. Soon to be implemented prompts to online donor registration in other citizen focused SO online transactions should also help drive online registrations.

ServiceOntario's in-person and direct mail channels account for over 80% of new registrations, with the remainder through the online channel.

GTA Focus and Key Research Findings

- Currently, 3.7 M or 42% of Ontario's non-registered population reside in the inner GTA, an area of the province with the lowest donor registration rate at 15% and largest non-registered population. It is therefore the area of the province with the greatest opportunity to increase donor registration. Poor performance in this region impacts the availability of organs for transplant for the entire province.

- To aid TGLN's efforts to boost donor registration rates in the inner GTA, TGLN commissioned public opinion research in 2013, which inform TGLN's ongoing and new communications initiatives for 2014/15 and beyond.

- Key research findings include the following:

  - Just over a quarter of inner GTA residents (non-registered population) are willing to register. The easiest to convert groups - including those who "definitely would register" and those who "mistakenly believe they are registered" have shrunk. Those who "probably would register" make up the largest remaining pool of potential registrants.
  - Among those willing to register, there does not appear to be any urgency to act.
  - The key reason for not registering is that organ and tissue donation is not top of mind and is not a personally relevant or pressing issue for most Ontarians.
  - There is a lack of knowledge and understanding of the donation system, as well as an inherent mistrust of the system, which can breed fear and contribute to indecision or an adamant stance against donation.
  - Widespread discomfort with the topic of death/dying is a large barrier to registration messaging.
  - The most common myth related to donor registration is that doctors won't work as hard to save the life of a registered donor.
  - Once aware of the topic of organ and tissue donation and its issues, three key areas of messaging seemed to resonate most with those willing to register:

    (i) Positive outcome of donation;
    (ii) Consequences or impact of inaction; and
    (iii) Reciprocity – feeling that if you would be willing to accept an organ, you should also be willing to register as a donor.

TARGET AUDIENCE

Primary

GTA residents willing to register, with the largest cohort being those who "probably would register" rather than "definitely would register"

- Demographics of those willing to register include:
    - Eligible Ontarians aged 16-54 further segmented to include the34-44 age group
    - Household income of approximately $60,000
    - Post-secondary education – (College or University)

Secondary

- South Asian (Hindu, Tamil and Punjabi) communities (as indicated by GTA research);
- Faith communities; and
- Youth

STRATEGIC FOCUS

The following five strategies build on TGLN's successes and create a seamless, integrated and comprehensive communications strategy, with a longer-term view focused on building a culture of organ and tissue donation to maximize conversion and yield more organ donors.

1. **Enhance media relations to generate quality earned media opportunities.**
    - Enhanced media relations will involve education of media and strengthened relationships with media

2. **Encourage culture change by enhancing grassroots advocacy, partnerships and community participation.**
    - Community participation includes registration drives through workplaces, community organizations and community outreach activities

3. **Evolve marketing to better target the "undecided".**
    - Having targeted the "willing to register" intensively since 2011, new messages and tactics are required to grow the pool of "willing to register" Ontarians

4. **Maximize registration via collaboration with ServiceOntario (SO).**

5. **Enhance corporate communication to increase participation, encourage culture change and support fulfillment of TGLN's mandate.**

SWOT ANALYSIS

Strengths

- Registering consent is easy and widely accessible (via Internet and Smartphone).
- TGLN is affiliated with a passionate group of advocates (recipients, donor families) with compelling personal stories to share.
- Media interest in organ and tissue donation – the technical marvel of transplantation; the immortal and legacy elements of donation; the personal stories of life/death, suffering, loss, rebirth – is evergreen, affording TGLN opportunity for ongoing media relations.
- Top-level buy-in at SO continues to result in successful initiatives to increase registration numbers.

Weaknesses

- Organ and tissue donation is not top-of-mind nor personally relevant for most Ontarians.
- Ontarians see no urgency to register.
- Misconceptions and skepticism related to organ and tissue donation are prevalent, amongst the public and the media.
- TGLN competes for attention with a wide variety of health-related issues which are much more pervasive and affect many more Ontarians, and whose organizations have large marketing budgets available from fundraising.
- Current legislation hampers the ability to share personal stories without contravening privacy laws.

Opportunities

- Localized data on registration allows TGLN to speak to audiences on a macro and micro level, with tailored messages relevant to the provincial, local or regional population groups.
- Registration drives provide a cost-effective avenue to increase awareness and encourage donor registration in a variety of venues and environments.
- Mandatory conversion of red and white card holders, the direct mail initiative to 18 year olds, and citizen-focused online transactions, all provide expanded opportunities for registration through SO.
- Among the culturally diverse populations in the GTA, the South Asian community shows potential to build support for organ and tissue donation.
- TGLN has a significant and engaged social media audience willing to share messages with their networks, providing additional reach and opportunity.
- Newly formed relationships with key government representatives provide ongoing opportunities to reach new constituents and influence decision-making in communities with low registration rates.

Threats

- Key communications activities, and those which generate better registration results if they are sustained (i.e. paid advertising), are reliant on provision of one-time funding from the Ministry of Health and Long-Term Care, making them difficult to plan and optimize, or not possible if funding is not available.
- Some barriers to registration – such as avoidance of discussion of death, fear and mistrust of the medical system, and superstition – are difficult to overcome via any communications message or tactic.
- As the majority of the donor registration process lies with SO and outside TGLN's direct control, changes at SO, such as online driver's licence renewal, and potentially online health card renewal in future, may reduce and/or weaken opportunities for donor registration if it is not integrated as part of the online transaction. Additionally, outages of the ODR directly affect registration volumes.
- The availability of "low hanging fruit" has diminished and targeting Ontarians who are more lukewarm to registration and donation – the "probably would register" group rather than the "definitely would register" group - is more challenging.
- Key messaging for the "definitely would register" has been relatively straightforward, whereas messaging to convert harder to reach groups needs to be tested, tailored and repeated in order to motivate.

STRATEGIC APPROACH AND HIGH LEVEL TACTICS

STRATEGY 1:

Enhance media relations to generate quality earned media opportunities.

AUDIENCE

- Media, as a conduit for messages and call-to-action to target (as per Page 41)

APPROACH

Building on the enhanced plans laid in 2014/15, continue to improve and enhance media relations, by addressing myths and misconceptions, building trust in Ontario's donation and transplantation system and enhancing understanding and knowledge about organ and tissue donation. TGLN will use a core group of spokespersons, including TGLN's CEO, affiliated physicians and where appropriate include transplant recipients and donor families. In recognition of TGLN's shift towards targeting Ontarians who are not as actively supportive of organ and tissue donation, TGLN will continue to introduce and refine messaging and approaches for media relations in a broader range of publications, including allied health care (OMA, RNAO, Funeral directors, legal profession-focused publications etc.).

HIGH LEVEL TACTICS

- Implement a media education program with an aim to improve overall coverage and strengthen relationships with media.
- Strengthen and develop closer relationships with key daily Toronto media, community media and ethnic media to leverage and maximise editorial opportunities.
- Develop an annual media plan to support TGLN corporate communications in addition to quarterly release of donor registration and donation performance statistics.
- Build presence in key partner publications, websites and blogs to address myths, explain the process of donation and encourage registration.
- Explore opportunities for a telethon and radiothon with TV and radio outlets.

STRATEGY 2:

Encourage culture change by enhancing grassroots advocacy, partnerships and community participation.

AUDIENCE

- Ontario society via:

- TGLN advocates and volunteers
- Committed stakeholders and partners

APPROACH

Building on relationships, synergies and partnership opportunities over the past 3 years, TGLN will continue to strengthen and maximize external relationships in order to encourage culture change in Ontario. TGLN will continue to work closely with those who have a stake or interest in organ and tissue donation, using

them as a conduit to educate and inspire Ontarians who support organ and tissue donation but have not registered, and Ontarians who haven't yet considered organ and tissue donation.

In recognition of the changing nature of TGLN's target (i.e. a demographic more "lukewarm" to donation than supportive), TGLN will review what we ask of stakeholders, advocates and partners to ensure relevant messaging and outreach.

HIGH LEVEL TACTICS

- Partner with family physicians, a trusted and credible voice among the public, to promote organ and tissue donation registration with patients.
- Similar to a National Donor Sabbath in the USA, educate faith leaders of all major faiths on organ and tissue donation and partner with them to bring attention to donation among communities across the province during a designated time of the year.
- Plan targeted registration drives with groups including healthcare organizations (e.g. rehabilitation hospitals, long-term care homes); educational institutions (e.g. medical schools, colleges, driving schools); and health/wellness focused corporate sector (e.g. insurance companies).
- Continue to expand support for organ and tissue donation and increase registration among the South Asian Community in the GTA.
- Continue to work to reach all schools within the Toronto District School Board (TDSB) and Toronto District Catholic School Board (TDCSB), and confirm 70+ in-classroom presentations to grades 10-12 (intensity dependant on administrative support of partners).
- Expand outreach to service clubs, focusing on Rotary in 2015/16, to encourage increased participation and train-the-trainer opportunities.
- Continue to support advocates through ongoing event outreach activities and annual Summit, providing opportunities to share best practice and desired outcomes with TGLN and each other.
- Continue to enhance partnerships with Kidney Foundation, Lung Association, Heart & Stroke and Liver Association to increase the platform for information sharing and increased registration.
- Introduce a cross-functional TGLN Diversity Working Group to explore ways of enhancing relationships and encouraging participation from different communities.

STRATEGY 3:

Evolve marketing to better target the "undecided".

AUDIENCE

- Target (as per Page 35)

APPROACH

Continuing to focus on marketing/advertising to boost registration, TGLN will modify/update marketing messages and creative in recognition of TGLN's shift towards targeting Ontarians who are not as actively supportive of organ and tissue donation in an attempt to encourage participation and increased registration.

HIGH LEVEL TACTICS

- Implementation of an advertising campaign based on available budget; campaign to be informed by results from previous campaigns, recent public opinion research (June 2013) and TGLN and government discussions on marketing strategy.
- Continue to strategically use social media to support targeted communications efforts as an agent of culture change, and the needs of TGLN's changing audience.

STRATEGY 4:

Maximize registration via collaboration with ServiceOntario.

AUDIENCE

- **Key decision-makers at SO**, to ensure TGLN's needs are reflected in program and policy changes and to facilitate availability of information and data required by TGLN for program planning.
- **SO staff at public and private SO centres within the GTA**, key partners in making the organ and tissue donor registration ask and registering customers.
- **SO customers (general public)** visiting SO centres to conduct health card related transactions, renew their driver's licence, or apply for an Ontario identification card.

APPROACH

TGLN continues to build a fruitful and productive working relationship with ServiceOntario at all levels, and working groups have been established on key projects. TGLN will continue to collaborate with SO on initiatives that create an increased opportunity for registration through the online, in-person and direct mail channels. TGLN continues to make significant headway in obtaining key data from SO which helps to define and refine project focus and SO has proven to be very open to piloting initiatives to test new concepts. TGLN does not foresee its approach to SO changing significantly for the remainder of 2015/16.

HIGH LEVEL TACTICS

TGLN, in collaboration with SO and the MOHLTC, intends to implement new initiatives, expand and refine existing initiatives, and continue with current initiatives that have proven to be successful in 2014/15 to optimize donor registration opportunities and increase uptake of donor registration.

- Pilot/implement the registration ask as part of "valtag" renewal and explore potential for expansion to additional online transactions.
- Integrate online donor registration with the launch of online health card renewal.
- Initiate a direct mail strategy for seniors.
- Continue to integrate organ and tissue donor registration opportunities with proposed mandatory conversion of red and white health cards. (5-yr initiative).
- Refresh in-centre SO material (posters and community-specific messaging etc.).

STRATEGY 5:

Enhance TGLN corporate communications to encourage culture change and support fulfillment of TGLN's mandate.

AUDIENCE

- TGLN staff, stakeholders, partners and the public, via TGLN's leadership team and staff

APPROACH

With its expanded mandate and ambitious goals, efficient and effective internal and corporate communications is essential to reinforce TGLN's leadership and positive reputation amongst stakeholders, partners and the public. Strategic communications counsel and advice, applied at the planning and implementation stages of TGLN projects and programs, will enhance outcomes and position TGLN favourably to all relevant audiences.

HIGH LEVEL TACTICS

- Integrate communications' team early in the planning and preparation of all TGLN communications strategies, plans, products and materials, supporting the delivery of a standardised, branded look and feel and content-rich, effective final message
- Develop and implement a strategic executive visibility plan for TGLN CEO, as part of TGLN's overall corporate communications plan and in service of TGLN's mandate.
- Continue to refine corporate communications projects and products led, or participated in, by the communications team.

DONOR REGISTRATION TARGET FOR 2015/16

CONTEXT

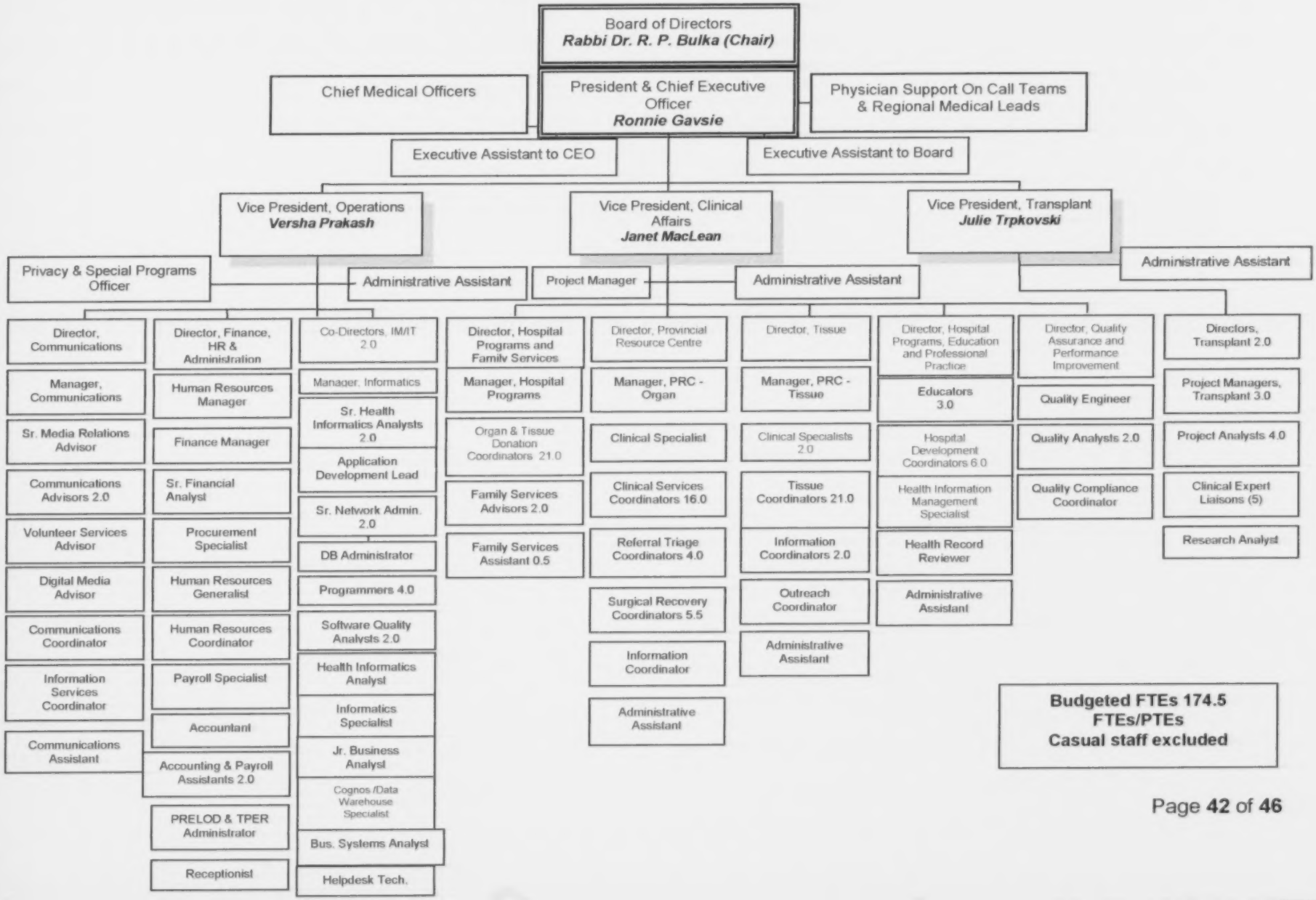
- Business Plan annual targets reflect a balance between achievable and inspirational.
- Precise target setting for donor registration is challenging. TGLN is guided by past donor registration results, available resources and results of other jurisdictions to set realistic, measureable targets.

TARGET FOR 2015/16

- The target for 2015/16 is based on the actual results achieved in 2013/14.
- The rationale for setting a conservative target is related to the recent research findings that indicate that those willing to register now form a very small portion of the unregistered population in Ontario, leaving only the unwilling and the undecided to fill the registry.
- Encouraging the pool of unwilling and undecided is far harder to achieve at the same rate.
- Targets assume TGLN's resource requests are fully funded by MOHLTC.

Fiscal Year	Additional Registered Donors	Growth Rate
2010/11 - 2012/13	234,395 (3 year average)	10.7%
2014/15	Target 275,000 - 313,000	
2015/16	Target 233,000	

Organizational Chart (As of July 2014)



Staff Numbers

SUMMARY OF CURRENT TGLN BUDGETED STAFF POSITIONS – 2013/14

POSITIONS	# FTE
Office of the President	
President and Chief Executive Officer	1.0
Executive Assistant to CEO	1.0
Chief Medical Officer – Donation	0.3
Chief Medical Officer – Transplant & Organ Specific Leads	0.2
Administrative Assistant, CMO	1.0
Executive Assistant to Board	1.0
Total	**4.5**
Clinical Operations	
Vice President, Clinical Affairs	1.0
Administrative Assistant	1.0
Project Manager	1.0
Total	**3.0**
Quality	
Director, Quality Assurance & Performance Improvement	1.0
Quality Engineer	1.0
Quality Analysts	2.0
Quality Compliance Coordinator	1.0
Total	**5.0**
Hospital Programs & Education	
Director Hospital Programs, Education & Professional Practice	1.0
Administrative Assistant	1.0
Hospital Development Coordinators	6.0
Health Information Management Specialist	1.0
Health Record Reviewer	1.0
Educators	3.0
Total	***13.0***
Hospital Programs & Family Services	
Director, Hospital Programs and Family Services	1.0
Manager, Hospital Programs	1.0
Family Services Advisors	2.0
Family Services Assistant	0.5
Organ and Tissue Donation Coordinators	21.0
Total	***25.5***
Provincial Resource Centre	
Director, Provincial Resource Centre	1.0
Administrative Assistant	1.0
Manager, PRC - Organ	1.0
Clinical Specialist, Organ	1.0
Clinical Services Coordinators	16.0
Surgical Recovery Coordinators	5.5
Referral Triage Coordinator	4.0
Information Coordinator - Organ	1.0
Total	***30.5***
Tissue Program Health	

Director, Provincial Resource Centre - Tissue	1.0
Administrative Assistant	1.0
Manager, PRC - Tissue	1.0
Clinical Specialist, Tissue	2.0
Outreach Coordinator	1.0
Information Coordinators	2.0
Tissue Coordinators	21.0
Total	***29.00***
Operations	
Vice President, Operations	1.0
Administrative Assistant	1.0
Privacy and Special Programs Officer	1.0
Total	**3.0**
Communications	
Director Communications	1.0
Manager, Communications	1.0
Sr. Media Relations Advisor	1.0
Volunteer Services Advisor	1.0
Communications Advisors	2.0
Communications Coordinator	1.0
Digital Media Advisor	1.0
Communications Assistant	1.0
Information Services Coordinator	1.0
Total	**10.0**
Finance, Human Resources and Administration	
Director, Finance, Human Resources & Administration	1.0
Human Resources Manager	1.0
Finance Manager	1.0
Senior Financial Analyst	1.0
Procurement Specialist	1.0
Human Resources Generalist	1.0
Human Resources Coordinator	1.0
Payroll Specialist	1.0
Accountant	1.0
PRELOD & TPER Administrator	1.0
Accounting and Payroll Assistants	2.0
Receptionist	1.0
Total	**13.0**
IM/IT	
Co-Directors, IM/IT	2.0
Manager, Informatics	1.0
Programmers	4.0
Senior Health Informatics Analysts	2.0
Cognos and Data Warehouse Specialist	1.0
Health Informatics Analyst	1.0
Senior Network Administrator	2.0
Database Administrator	1.0
Business Systems Analyst	1.0
Software Quality Analysts	2.0
Application Development Lead	1.0
Junior Business Analyst	1.0

Helpdesk Technician	1.0
Informatics Specialist	1.0
Total	**21.0**
Transplant	
Vice President Transplant	1.0
Administrative Assistant, Transplant	1.0
Directors, Transplant	2.0
Project Analysts, Transplant	4.0
Project Managers, Transplant	3.0
Clinical Expert Liaisons	5.0
Research Analyst, Transplant	1.0
Total	**17.0**
TOTAL BUDGETED POSITIONS	**174.5**

Performance and Directional Indicators & Targets
TGLN SCORECARD

Performance Indicator	*Definition*	*2015/16 TGLN Target*
Objective 2: Achieve 54-56% conversion rate for all hospitals with Level III intensive care units, 261-270 organ donors and 3.63 organ yield/donor.		
Conversion Rate	Actual donors of all ages divided by medically eligible deaths	54-56%
Deceased Organ Donors	Number of deceased organ donors	261-270
Organ Yield	Number of organs recovered and transplanted from organ donors	3.63
Objective 3: Achieve 40% consent rate, 2150 to 2450 ocular donors and 315-330 multi-tissue donations.		
Tissue Consent Rate	Cases where tissue consent is obtained from all those approached	40%
Number of Tissue Donors	Number of tissue donors	2150 – 2450
Number of Multi-Tissue Donations	Number of tissue donors who donated one or more of the following tissue types: skin, heart valves, bone and/or connective tissue	315-330
Objective 4: Enhance shared responsibility for donation and inspire over 233,000 Ontarians to register their consent to donate.		
Donor registration in MOHLTC's Database	Number of additional donor registrations in MOHLTC's database	233,000
Objective 7: Attract, engage, develop and retain talented staff.		
Total Turnover	Number of total staff departures/Average number of staff	13%

Appendix 1

Trillium Gift of Life Network

Summary of Consolidated Operating Budget and New Budget Requests For Fiscal Years 2014/15 To 2015/16

	APPROVED BUDGET	
	Fiscal Year 2014/15	Fiscal Year 2015/16
SUMMARY OF BASE FUNDED OPERATIONS:		
Base Salaries	13,702,299	13,702,799
Hospital Program On Call and Call Back Costs	834,037	834,037
Benefits	2,953,202	2,953,202
Other Operating Expenses	7,886,962	7,886,962
Administrative Efficiencies	(252,800)	(252,800)
SUB-TOTAL	**25,123,700**	**25,123,700**
MANAGED FUNDS		
Deceased Organ Donor	2,272,900	2,272,900
PRELOD	500,000	500,000
TPER	250,000	250,000
Transporation Services to Support Organ & Tissue Donation	2,899,700	2,899,700
SUB-TOTAL	**5,922,600**	**5,922,600**
SUB-TOTAL BASE FUNDED OPERATIONS	**31,046,300**	**31,046,300**
ANTICIPATED ADDITIONAL 2014/15 BASE FUNDING:		
Operations	280,000	370,000
IM / IT	674,000	985,000
Transplant	268,406	332,811
Clinical Services & Hospital Programs	610,290	1,087,180
Tissue	280,000	90,000
Provincial Resource Centre	51,120	98,239
Transporation Services to Support Organ & Tissue Donation	278,280	278,280
Sub-Total Anticipated Additional 2014/15 Base Funding	2,442,096	3,241,510
REVISED MOHLTC BASE FUNDED OPERATIONS BUDGET	**33,488,396**	**34,287,810**
ANTICIPATED ADDITIONAL 2014/15 ONE TIME FUNDING:		
RegenMed	337,603	0
SUB-TOTAL MOHLTC ONE-TIME FUNDED PROGRAMS	**337,603**	**0**
TOTAL EXPENDITURE BUDGET	**33,825,999**	**34,287,810**